

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7						
8	3					
9	3					
10	3					
11	3					
12	2					
13	3					
14	3					
15	3					
16	3	20				
17	3					
18	3					
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35	3					
36	3	20				
37	3					
38	3					
39	3					
40	3					
41	3					
42	3					
43	3					
44	3	16				
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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99				
100				
TOTAL IND.	3			
TOTAL DEP.	117			
TOTAL CLAIMS	120			